



Pride of the Ojibwe
13394 W Trepania Road
Hayward • Wisconsin • 54843
Phone (715) 634-8934 • Fax (715) 634-4797 • HR Fax (715) 699-1209

NOTICE FOR APPLICANTS FOR
HEALTH ADVISORY BOARD (3 VACANCIES)

RE-POSTING DATE: November 8, 2022

CLOSING DATE: Open Until Filled

The Lac Courte Oreilles Tribal Governing Board is seeking applicants for the Health Advisory Board for the Lac Courte Oreilles Community Health Center. The Health Center is the primary source of health care for the Tribe.

The Health Advisory Board is responsible for:

- Assisting the Health Director in the long-range planning for the Health Center, assisting with the budget, and assisting with quality improvement activities and risk management.
- Advising the Tribal Governing Board on the condition of the Health Center, providing progress in meeting the objectives of the Health Center, and advising on the overall health care needs of the Lac Courte Oreilles Membership.

Members of the Tribal Governing Board, current employees of the Health Center, persons earning more than half of their educational credits working for the Health Center, and former employees, for a period of six (6) months after separation from the Health Center, are ineligible to serve on the Health Advisory Board.

Persons interested in serving on the Health Advisory Board should submit a letter of interest and a resume. If applicants have any expertise regarding healthcare, briefly describe it. Interested applicants must also complete the "Release and Authorization" to conduct a personal background check.

Interested Persons Should Submit a Letter of Interest with Qualifications

(Please fill out the release and authorization form)

MAIL, FAX OR EMAIL ALL INFORMATION TO:

Lac Courte Oreilles Tribal Government

ATTN: Human Resource Department

13394 W Trepania Road

Hayward, WI 54843

Fax (715) 634-4797

HR Fax (715) 699-1209

doreen.debrot@lco-nsn.gov

caroline.yellowthunder@lco-nsn.gov

***Tribal Preference will apply to qualified applicants in accordance with the
Lac Courte Oreilles Policies & Procedures Manual.***

RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, motor vehicle violations) as well as diplomas, degrees, licenses and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure the accuracy of records obtained during this investigation. The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature: _____ Date: _____

Print: Last Name First Name Middle Name

Maiden, former or alias name(s): Social Security Number: _____

Other names you are known by? Have you ever been convicted of a felony? Yes____ No____

Date of Birth: Driver's License Number: _____

Tribal Affiliation: Enrollment Number: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

How long at present address? _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

From: (Month/Year) _____ To: (Month/Year) _____